

ALLIS CARE CENTER

9047 W GREENFIELD AVE

WEST ALLIS 53214 Phone:(414) 453-9290

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 152

Total Licensed Bed Capacity (12/31/04): 152

Number of Residents on 12/31/04: 124

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 136

Limited Liability Company

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	%
Home Health Care	No	Developmental Disabilities	0.0	Under 65	4.0	1 - 4 Years	45.2
Supp. Home Care-Personal Care	No	Mental Illness (Org./Psy)	16.9	65 - 74	11.3	More Than 4 Years	23.4
Supp. Home Care-Household Services	No	Mental Illness (Other)	0.8	75 - 84	33.9		100.0
Day Services	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.1	*****	
Respite Care	Yes	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.7	Full-Time Equivalent	
Adult Day Care	No	Cancer	0.0			Nursing Staff per 100 Residents	
Adult Day Health Care	No	Fractures	11.3		100.0	(12/31/04)	
Congregate Meals	No	Cardiovascular	13.7	65 & Over	96.0		
Home Delivered Meals	No	Cerebrovascular	8.9			RNs	5.7
Other Meals	No	Diabetes	0.8	Gender	%	LPNs	9.1
Transportation	No	Respiratory	4.0			Nursing Assistants,	
Referral Service	No	Other Medical Conditions	43.5	Male	29.8	Aides, & Orderlies	
Other Services	No			Female	70.2		
Provide Day Programming for Mentally Ill	No						
Provide Day Programming for Developmentally Disabled	No		100.0		100.0		

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All	
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%			Per Diem (\$)
Int. Skilled Care	0	0.0	0	7	8.8	148	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	5.6
Skilled Care	21	100.0	303	73	91.3	126	0	0.0	0	16	100.0	190	7	100.0	126	0	0.0	0	117	94.4
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	21	100.0		80	100.0		0	0.0		16	100.0		7	100.0		0	0.0		124	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	6.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	0.8	48.4	50.8	124
Other Nursing Homes	3.6	Dressing	0.8	87.1	12.1	124
Acute Care Hospitals	88.6	Transferring	13.7	42.7	43.5	124
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	6.5	66.1	27.4	124
Rehabilitation Hospitals	0.0	Eating	24.2	66.9	8.9	124
Other Locations	1.2	*****				
Total Number of Admissions	167	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	4.0		Receiving Respiratory Care	9.7
Private Home/No Home Health	34.9	Occ/Freq. Incontinent of Bladder	54.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	51.6		Receiving Suctioning	0.8
Other Nursing Homes	1.6				Receiving Ostomy Care	0.0
Acute Care Hospitals	24.2	Mobility			Receiving Tube Feeding	3.2
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	37.1
Rehabilitation Hospitals	0.0					
Other Locations	5.9	Skin Care			Other Resident Characteristics	
Deaths	33.3	With Pressure Sores	2.4		Have Advance Directives	90.3
Total Number of Discharges		With Rashes	7.3		Medications	
(Including Deaths)	186				Receiving Psychoactive Drugs	65.3

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.5	86.4	1.04	86.5	1.03	87.3	1.02	88.8	1.01
Current Residents from In-County	96.0	85.0	1.13	87.0	1.10	85.8	1.12	77.4	1.24
Admissions from In-County, Still Residing	21.6	18.1	1.19	18.9	1.14	20.1	1.07	19.4	1.11
Admissions/Average Daily Census	122.8	199.9	0.61	188.2	0.65	173.5	0.71	146.5	0.84
Discharges/Average Daily Census	136.8	201.1	0.68	190.4	0.72	174.4	0.78	148.0	0.92
Discharges To Private Residence/Average Daily Census	47.8	83.1	0.58	77.5	0.62	70.3	0.68	66.9	0.71
Residents Receiving Skilled Care	100	95.8	1.04	95.9	1.04	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	96.0	84.4	1.14	90.5	1.06	90.7	1.06	87.9	1.09
Title 19 (Medicaid) Funded Residents	64.5	61.2	1.05	56.3	1.15	56.7	1.14	66.1	0.98
Private Pay Funded Residents	12.9	13.7	0.94	22.2	0.58	23.3	0.55	20.6	0.63
Developmentally Disabled Residents	0.0	1.2	0.00	1.1	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	17.7	30.0	0.59	29.0	0.61	32.5	0.55	33.6	0.53
General Medical Service Residents	43.5	23.2	1.88	25.4	1.71	24.0	1.81	21.1	2.07
Impaired ADL (Mean)	59.8	52.9	1.13	52.6	1.14	51.7	1.16	49.4	1.21
Psychological Problems	65.3	51.7	1.26	55.4	1.18	56.2	1.16	57.7	1.13
Nursing Care Required (Mean)	7.6	8.4	0.90	7.7	0.99	7.7	0.98	7.4	1.02